

Girl Scout Annual Information Form

Oct. 1 _____ thru Sept. 30 _____

Complete this form at the initial troop meeting. Troop co-leader will keep original.

GIRL INFORMATION

Girl Scout's Name _____ Troop # _____

Address _____

Home Phone _____ Street _____ City _____ State _____ Zip Code _____
Other Phone _____

Grade in Fall and School Attending _____ Birth Date _____

PERMISSION FOR ACTIVITIES

☐ Yes - Initialed _____ ☐ No - Initialed _____

By checking "No", I am requesting to sign individual permission slips for each activity.

My child has permission to travel to, attend and participate in troop and council-sponsored activities that are (1) a day trip, 2) not considered high-risk activities as outlined by Girl Scouts of WNY/GSUSA. 3) multiple overnight trip - co-leaders also providing parents with all details and contact information regarding the trip. Leaders will be notifying parents or guardians of activities planned.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT (AND SHARING HEALTH HISTORY)

☐ Yes - Initialed _____ ☐ No - Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian/emergency contact person. If no contact can be made, I hereby give authorization to Girl Scouts of WNY and agents, to seek treatment for my child and/or dependent minor by a licensed professional or dentist. I know of no reason(s) why my child may not participate in prescribed activities as noted on the health history form.

If permission for emergency medical treatment is not provided, Girl Scouts of WNY shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

If I cannot be reached, the following person(s) can act on my behalf.

Name _____ Phone(s) _____ Relationship _____

Name _____ Phone(s) _____ Relationship _____

PERMISSION FOR PRODUCT PROGRAMS

☐ Yes - Initialed _____ ☐ No - Initialed _____

By checking No, I understand that if my Girl Scout decides to participate at a later date must complete a full Caregiver Permission Form for the program.

I agree to accept full responsibility for all product and money received for the Fall & Cookie product programs indicated below and to pay the product programs bill in full and on time to the troop. In the event any outstanding balance has to be referred to a collection agency or attorney for recovery, I will be fully responsible for all collection agency fees and attorney's fees.

I understand the income from the product programs does not become the property of individual girl members. I have reviewed the Girl Scout Internet Safety Pledge and Product Sale-Safety Activity Checkpoints (visit gswny.org and select forms). I agree that my Girl Scout will not sell prior to the first day of the product program(s) and I will provide adult supervision for her during the program.

PARENT AGREEMENT

When participating in Girl Scout activities I agree that my child and I will act in a manner that models the ideals and values of the Girl Scout Promise and Law.

Girl Scout meetings or activities involving girls may not take place in private homes or backyards. I understand that approved Girl Scout activities and meetings must follow safety protocols and have a minimum of two, unrelated approved Girl Scout co-leaders, one of whom must be female, plus additional approved volunteers as needed to meet safety ratios. Any meeting or activity not following Girl Scout guidelines does not constitute an approved Girl Scout meeting or activity. I understand that it is my responsibility to ensure all safety protocols are being followed before participating in the meeting.

I have read and understand this Information Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop leader.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Street Address

City, State, Zip

E-mail address



Home Phone

Work Phone

Mobile Phone

Other Phone

GSWNY WAIVER/RELEASE

-  I acknowledge that participating in Girl Scouting may expose me to communicable diseases (e.g., COVID-19, MRSA, influenza, monkeypox), and while GSWNY has implemented preventative measures, the risk of illness or death remains, including from actions or negligence by myself, others, or GSWNY staff. I voluntarily seek services from GSWNY, understanding that I may increase my exposure and agree to comply with all procedures to minimize the risk of transmission.
-  I hereby release and agree to hold GSWNY harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Council, or that may otherwise arise in any way in connection with any services provided by GSWNY. I understand that this release discharges GSWNY from any liability or claim that I, my heirs, or any personal representatives may have against GSWNY with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from GSWNY. This liability waiver and release extends to GSWNY together with all owners, partners, and employees.

Signature: _____

Name (please print): _____

Date: _____

REV 6/25/2025